## MULTIPLE DEPENDENT CLAIM FEE CALCU ION SHEET (FOR USE WITH FORM PTO-875)

10/5 850 FILING DATE

APPLICANT(S)

**CLAIMS** 

	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MANIENDMENT				AS FILED		AFTER CAMENDMENT		AFTER 2 MAMENDMENT	
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